



**City of Klamath Falls  
ADDRESS / EMPLOYEE INFORMATION CHANGE FORM**

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different from physical address): \_\_\_\_\_

Email Address for paystub: \_\_\_\_\_

Personal Email Address (if different from paystub email address): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Type: \_\_\_\_\_

**The following information must be completed by new employee's only, not required for address, email, or phone number changes.**

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Driver's License State \_\_\_\_\_

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**Person(s) to contact in case of emergency:**

1. Contact Name: \_\_\_\_\_

Contact Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Type: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Type: \_\_\_\_\_

2. Contact Name: \_\_\_\_\_

Contact Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Type: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Type: \_\_\_\_\_

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Effective Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Route: Payroll \_\_\_\_\_  
Employee Personnel File